FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

<i>N</i> ashington,	D.C.	20549	

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
obligations may continue. See Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average bur	den								
hours per response:	0.5								

Name and Address of Reporting Person* GOWEN MAXINE				2. Issuer Name and Ticker or Trading Symbol Aclaris Therapeutics, Inc. [ACRS] 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)													
<u>GOWERT MERCEN</u>												X	Directo	r		10% O	·
(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 06/04/2020						Officer below)	(give title		Other (: below)	specify			
C/O ACLARIS THERAPEUTICS, INC.				"	J/ U 4 / 2	.020											
640 LEE	ROAD, SU	HTE 200		<u> </u>													
				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)												X	Form fi	led by One	Rend	orting Perso	n
WAYNE	PA	A	19087									Λ		led by Mor		n One Repo	- 1
(City)	(S	tate)	(Zip)										. 0.00.				
		Tah	ole I - Non-D	Derivativ	- Sa	curitio	. Δc	auired D	ienosad	of or B	enefic	ially	Owned				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					ay/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year) Disposed Of (D) (In Code (Instr. 8)			ired (A) o	or and	5. Amount of Securities Beneficially Owned Following		Form: Direct (D) or Indirect		7. Nature of Indirect Beneficial Ownership			
				· · · · · · · · · · · · · · · · · · ·				or	Reported Transact		d l			(Instr. 4)			
								Code V	Amour	t (A) (D)	O Pri	ce	(Instr. 3 a				
		-	Table II - De	erivative	Seci	urities	Acq	uired, Dis	posed o	f, or Be	neficia	ally C	wned				,
			(e.	.g., puts	, call	s, warr	ants	s, options	, conver	ible sec	urities	s)					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		of Secu Underly Derivati	7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		price of Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Share	ber					
Option Grant (right to	\$1.41	06/04/2020		A		16,500		(1)	06/03/203	Commo	16,5	000	\$0.00	16,500)	D	

Explanation of Responses:

1. The shares subject this option will vest in twelve equal monthly installments commencing July 4, 2020, subject to Reporting Person's continuous service through each such date.

Remarks:

/s/ Mark Ballantyne, Attorney-06/08/2020 in-fact

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

^{**} Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).